

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M-G		1/6/00
O.I.P.E. CLASSIFIER			1/07/00
FORMALITY REVIEW	M-M	7160P	2-3-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	12/10/02
2	✓	✓	1/2/03
3	✓	✓	1/2/03
4	✓	✓	1/2/03
5	✓	✓	1/2/03
6	✓	✓	1/2/03
7	✓	✓	1/2/03
8	✓	✓	1/2/03
9	✓	✓	1/2/03
10	✓	✓	1/2/03
11	✓	✓	1/2/03
12	✓	✓	1/2/03
13	✓	✓	1/2/03
14	✓	✓	1/2/03
15	✓	✓	1/2/03
16	✓	✓	1/2/03
17	✓	✓	1/2/03
18	✓	✓	1/2/03
19	✓	✓	1/2/03
20	✓	✓	1/2/03
21	✓	✓	1/2/03
22	✓	✓	1/2/03
23	✓	✓	1/2/03
24	✓	✓	1/2/03
25	✓	✓	1/2/03
26	✓	✓	1/2/03
27	✓	✓	1/2/03
28	✓	✓	1/2/03
29	✓	✓	1/2/03
30	✓	✓	1/2/03
31	✓	✓	1/2/03
32	✓	✓	1/2/03
33	✓	✓	1/2/03
34	✓	✓	1/2/03
35	✓	✓	1/2/03
36	✓	✓	1/2/03
37	✓	✓	1/2/03
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

REF. AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

CLA

TITL

APP

INTE

<input type="checkbox"/> T subs has t
<input type="checkbox"/> not e of U
<input type="checkbox"/> this

WAI
The i
Poss

Form P
(Rev. &